

CITY OF CHILTON

42 School St., Chilton, WI 53014

Phone: 920-849-2451 Fax: 920-849-2025

Planned Unit Development (PUD) Application

\$250.00 Application Fee (Non-Refundable) – Chapter 16 Section 16.12 4(e) Receipt No. _____

PROPERTY LOCATION AND PROPERTY OWNER INFORMATION

Location of the Property (address or legal description) _____

Tax Key number or Tax I.D. number _____

Owner of Property _____

Address _____

Phone (day) _____ Phone (evening) _____

Corporate Owner _____

Officer to be contacted _____

Address _____

Phone (day) _____ Phone (evening) _____

I, _____ (owner's name), authorize the following named agent to represent my interests in the property described above for the purpose of this permit application.

Owner's Signature _____ Date _____

Owner's Agent _____

Address _____

Phone (day) _____ Phone (evening) _____

I am aware of the requirements of Chapter 16, City of Chilton Zoning Code, and I understand the procedures and fees associated with this application.

Applicant's Signature _____ Date _____

**PLAN COMMISSION MEETINGS ARE HELD THE SECOND WEDNESDAY OF THE MONTH
AT 6:30 P.M. UNLESS OTHERWISE NOTED. APPLICANTS MUST BE IN ATTENDANCE AT THE MEETING.
COMPLETED FORMS MUST BE RECEIVED IN THE ADMINISTRATION OFFICE
7 DAYS PRIOR TO A SCHEDULED PLAN COMMISSION MEETING.**